

APPENDIX B-I **Respiratory Questionnaire**

A. IDENTIFICATION DATA

Plant _____ Social Security

No. _____

Day Month Year
digits) (figures) (last 2

Name _____ Date of

Interview _____

(Surname)

Date of

Birth

(First Names)

M

F

Address _____ Age _____ (8, 9) Sex _____

(10)

Race

W

N

IND.

OTHER

(11)

Interviewer: 1 2 3 4 5 6 7 8 (12)

Work Shift: 1st _____ 2nd _____ 3rd _____ (13) Standing Height _____ (14, 15)

Present Work Area _____ Weight _____ (16, 18)

If working in more than one specified work area, x area where most of the work shift is spent. If “other,” but spending 25% of the work shift in one of the specified work areas, classify in that work area. If carding department employee, check area within that department where most of the work shift is being spent (if in doubt, check “throughout”). For work areas such as spinning and weaving where many work rooms may be involved, be sure to sure to check the specific work room to which the employee is assigned – if he works in more than one work room within a department classify as 7 (all) for that department.

	Workroom Number	(19) Open	(20) Pick	Area	(21) Card #1	(22) #2	(23) Spin	(24) Wind	(25) Twist	(26) Spool	(27) Warp	(28) Slash	(29) Weave	(30) Other
At Risk (cotton & cotton blend)	1			Cards										
	2			Draw										
	3			Comb										
	4			Rove										
	5			Thru Out										
	6													
	7 (all)													
Control (synthe- tic & Wool Ex-worker (cotton)	8													
	9													

WAC 296-62-14537 (Cont.)

Use actual wording of each question. Put X in appropriate square after each question. When in doubt record ‘No’.

When no square, circle appropriate answer.

B. COUGH

(on getting up) ↑

Do you usually cough first thing in the morning? _____ Yes _____ No _____ (31)

(Count a cough with first smoke or on "first going out of doors."
exclude clearing throat or a single cough.)

Do you usually cough during the day or at night? _____ Yes _____ No _____ (32)
(Ignore an occasional cough.)

If 'Yes' to either question (31, 32):

Do you cough like this on most days for as much as three months a year? _____ Yes _____ No _____ (33)

Do you cough on any particular day of the week? _____ Yes _____ No _____ (34)

(1) (2) (3) (4) (5) (6) (7)

If 'Yes': Which day? Mon. Tues. Wed. Thur. Fri. Sat. Sun.

_____ (35)

C. PHLEGM or alternative word to suit local custom.

(on getting up) ↑

Do you usually bring up any phlegm from your chest first thing in the morning? (Count phlegm with the first smoke or on "first going out of doors." Exclude phlegm from the nose. Count swallowed phlegm.) _____ Yes _____ No _____ (36)

Do you usually bring up any phlegm from your chest during the day or at night? (Accept twice or more.) _____ Yes _____ No _____ (37)

If 'Yes' to either question (36) or (37):

Do you bring up phlegm like this on most days for as much as three months each year? _____ Yes _____ No _____ (38)

If 'Yes' to question (33) or (38):

(cough)

(1) ☐ 2 years or less

How long have you had this phlegm?

(2) ☐ More than 2 years – 9 years (39)

(Write in number of years)

(3) ☐ 10 – 19 years

(4) ☐ 20+ years

↑These words are for subjects who work at night.

D. CHEST ILLNESSES

In the past three years, have you had a period (1) ☐ No (40)

of (increased) ↑ cough and phlegm lasting for

3 weeks or more? _____

(2) ☐ Yes, only one period

(3) ☐ Yes, two or more periods

↑For subjects who usually have phlegm

During the past three years have you had any chest illness which has kept you off work, indoors at home or in bed? (For as long as one week, flu?) Yes _____ No _____ (41)

If 'Yes' to (41): Did you bring up (more) phlegm than usual in any of these illnesses? Yes _____ No _____ (42)

If "Yes" to (42): During the past three years have you had:

Only one such illness with increased phlegm? (1) ☐ (43)

More than one illness: (2) ☐ (44)

Br. Grade _____

WAC 296-62-14537 (Cont.)

E. TIGHTNESS

Does your chest ever feel tight or your breathing become difficult? _____ Yes _____ No _____ (45)

Is your chest tight or your breathing difficult on any particular day of the week? (After a week or 10 days away from the mill) _____ Yes _____ No _____ (46)

If 'Yes' Which day? Mon. (3) Tues. (4) Wed. (5) Thur. (6) Fri. (7) Sat. (8) Sun.

(1) Sometimes (2) Always

If 'Yes' Monday, At what time on Monday does your chest 1. ☐ Before entering the mill (48)

feel tight or your breathing difficult? 2. ☐ After entering the mill

(Ask only if No to Question (45))

In the past, has your chest ever been tight or your breathing difficult on any particular day of the week? _____ Yes _____ No _____ (49)

If 'Yes' Which day? Mon. (3) Tues. (4) Wed. (5) Thur. (6) Fri. (7) Sat. (8) Sun.

(1) Sometimes (2) Always

F. BREATHLESSNESS

If disabled from walking by any condition other than heart or lung disease put "X" here and leave questions (52-60) unasked ☐ (51)

Are you ever troubled by shortness of breath, when hurrying on the level or walking up a slight hill? _____ Yes _____ No _____ (52)

If 'No', grade is 1. If 'Yes', proceed to next question.

Do you get short of breath walking with other people at an ordinary pace on the level? _____ Yes _____ No _____ (53)

If 'No', grade is 2. If 'Yes', proceed to next question.

Do you have to stop for breath when walking at your own pace on the level? _____ Yes _____ No _____ (54)

If 'No', grade is 3. If 'Yes', proceed to next question.

Do you have to stop for breath on washing or dressing? _____ Yes _____ No _____ (55)

If 'No', grade is 4. If 'Yes', grade is 5.

Dyspnea Grd. _____ (56)

ON MONDAYS

Are you ever troubled by shortness of breath, when hurrying on the level or walking up a slight hill? _____ Yes _____ No _____ (57)

If 'No', grade is 1. If 'Yes', proceed to the next question.

Do you get short of breath walking with other people at an ordinary pace on the level? _____ Yes _____ No _____ (58)

If 'No', grade is 2. If 'Yes', proceed to the next question.

Do you have to stop for breath when walking at your own pace on the level? _____ Yes _____ No _____ (59)

If 'No', grade is 3. If 'Yes', proceed to the next question.

Are you short of breath on washing or dressing? _____ Yes _____ No _____ (60)

If 'No', grade is 4. If 'Yes', grade is 5.

B. Grd _____ (61)

WAC 296-62-14537 (Cont.)

G. OTHER ILLNESSES AND ALLERGY HISTORY

Do you have a heart condition for which you are under a doctor's care? _____

Yes _____ No _____ (62)

Have you ever had asthma? _____

Yes _____ No _____ (63)

If 'Yes', did it begin (1) ☐ Before age 30 (2) ☐ After age 30

'Yes' before 30, did you have asthma before ever going to work in a textile mill? _____

Yes _____ No _____ (64)

Have you ever had hay fever or other allergies (other than above)? _____

Yes _____ No _____ (65)

H. TOBACCO SMOKING*

Do you smoke?

Record 'Yes' if regular smoker up to one month ago

(Cigarettes, cigar or pipe) _____

Yes _____ No _____ (66)

If 'No' to 63

Have you ever smoked? (Cigarettes, cigars, pipe. Record 'No' if subject has never smoked as much as one cigarette a day, or 1 oz. tobacco a month, for as long as one year.) _____

Yes _____ No _____ (67)

If 'Yes' to (63) or (64), what have you smoked and for how many years?

(Write in specific number of years in the appropriate square.)

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
Years	(<5)	(5 - 9)	(10 - 14)	(15 - 19)	(20 - 24)	(25 - 29)	(30 - 34)	(35 - 39)	(>40)	
Cigarettes										(68)
Pipe										(69)
Cigars										(70)

If cigarettes, how many packs per day?

(1) ☐ less than 1/2 pack (2) ☐ 1/2 pack, but less than 1 pack (71)

(Write in number of cigarettes)
more

(3) ☐ 1 pack, but less than 1-1/2 packs (4) ☐ 1-1/2 packs or more

Number of pack years: _____

(72) (73)

If an ex smoker (cigarettes, cigar or pipe). How long since you stopped _____

(74)

(Write in number of years)

(1) ☐ 0-1 year (2) ☐ 1-4 years

(3) ☐ 5-9 years (4) ☐ 10+ years

Have you changed your smoking habits since last interview? If yes, specify what changes.

I. OCCUPATIONAL HISTORY**

Have you ever worked in A foundry? (As long as one year) _____

Yes _____ No _____ (75)

Stone or mineral mining, quarrying or processing

(As long as one year) _____

Yes _____ No _____ (76)

Asbestos milling or processing? (Ever) _____

Yes _____ No _____ (77)

Other dusts, fumes or smoke? If yes, specify _____

Yes _____ No _____ (78)

Type of exposure _____

Length of exposure _____

**Ask only on first interview.

At what age do you first go to work in a textile mill? (Write in specific age in appropriate square)

<20	20-24	25-29	30-34	35-39	40+

When you first worked in a textile mill, did you work with

(1) ☐ Cotton or cotton blend (79)

(2) ☐ Synthetic or wool (80)

APPENDIX B-II

Respiratory Questionnaire for Non Textile Workers for the Cotton Industry

Identification No.

Interviewer Code

Location

Date of Interview

A. IDENTIFICATION

1. Name (Last) (First) (Middle Initial)		3. Phone Number Area Code () No.	4. Social Security # (optional, see below) ____ - ____ - ____
2. Current Address (Number, Street, or Rural Route, City or Town, County, State, Zip Code)		5. Birthday (Mo., Day, Yr.)	6. Age Last Birthday
		7 Sex 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	
		8. Ethnic Group or Ancestry 1 <input type="checkbox"/> White, not of Hispanic Origin 2 <input type="checkbox"/> Black, not of Hispanic Origin 3 <input type="checkbox"/> Hispanic 4 <input type="checkbox"/> American Indian or Alaskan Native 5 <input type="checkbox"/> Asian or Pacific Islander 6 <input type="checkbox"/> Other: _____	
9. Standing Height ____ (cm)	10. Weight _____	11. Work Shift 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/>	

12. **Present Work Area**
Please indicate primary assigned work area and percent of time spent at that site. If at other locations, please indicate and note percent of time for each.

Primary Work Area	_____
Specific Job	_____

13. **Appropriate Industry**

1 <input type="checkbox"/> Garnetting	3 <input type="checkbox"/> Cotton Warehouse	5 <input type="checkbox"/> Cotton
2 <input type="checkbox"/> Cottonseed Oil Mill	4 <input type="checkbox"/> Utilization	6 <input type="checkbox"/> Cotton Ginning

(Furnishing your Social Security number is voluntary. Your refusal to provide this number will not affect any right, benefit, or privilege to which you would be entitled if you did provide your Social Security number. Your Social Security number is being requested since it will permit use in future determinators in statistical research studies.)

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B. OCCUPATIONAL HISTORY TABLE

Complete the following table showing the entire work history of the individual from present to initial employment. Sporadic, part-time periods of employment, each of no significant duration, should be grouped if possible.

[illegible]

C. SYMPTOMS

Use actual wording of each question. Put X in appropriate square after each question. When in doubt record 'No'.

COUGH

1. Do you usually cough first thing in the morning?

(on getting up)*

1 ☐ Yes

2 ☐ No

(Count a cough with first smoke or on "first going out of doors".
Exclude clearing throat or a single cough.)

2. Do you usually cough during the day or at night?

(Ignore an occasional cough.)

1 ☐ Yes

2 ☐ No

If YES to either question 1 or 2:

3. Do you cough like this on most days for as much as three
months a year?

1 ☐ Yes

2 ☐ No

3 ☐

N/A

4. Do you cough on any particular day of the week?

1 ☐ Yes

2 ☐ No

If YES:

5. Which day? Mon. Tue. Wed. Thur. Fri. Sat. Sun.

PHLEGM

6. Do you usually bring up phlegm from your chest first thing in the morning?

(on getting up)* (Count phlegm with the first smoke or on "first going out
of doors." Exclude phlegm from the nose. Count swallowed phlegm.)

1 ☐ Yes

2 ☐ No

7. Do you usually bring up phlegm from your chest during the day
or at night?

(Accept twice or more)

1 ☐ Yes

2 ☐ No

If YES to either question 6 or 7:

8. Do you bring up phlegm like this on most days for as much as
three months each year.

1 ☐ Yes

2 ☐ No

If YES to question 3 or 8:

9. How long have you had this phlegm? (cough)

Write in number of years)

(1) ☐ 2 years or less

(2) ☐ More than 2 years – 9 years

(3) ☐ 10-19 years

(4) ☐ 20+ years

*These words are for subjects who work at night

WAC 296-62-14537 (Cont.)

10. In the past three years, have you had a period of
(increased) cough and phlegm lasting for 3
weeks or more?

- (1) ☐ No
(2) ☐ Yes, only one period
(3) ☐ Yes, two or more periods

For subjects who usually have phlegm:

11. During the past 3 years have you had any chest illness
which has kept you off work, indoors at home in bed?

(For as long as one week, flu?)

- 1 ☐ Yes 2 ☐ No

If YES to 11:

12. Did you bring up (more) phlegm than usual in any
of these illnesses?

- 1 ☐ Yes 2 ☐ No

If YES to 12: During the past three years have you had:

13. Only one such illness with increased phlegm?

- 1 ☐ Yes 2 ☐ No

14. More than one such illness:

- 1 ☐ Yes 2 ☐ No
Br. Grade _____

TIGHTNESS

15. Does your chest ever feel tight or your
breathing become difficult?

- 1 ☐ Yes 2 ☐ No

16. Is your chest tight or your breathing difficult on any particular day
of the week? (after a week or 10 days from the pill)

If 'Yes' Which day? Mon. (3) Tues. (4) Wed. (5) Thur. (6) Fri. (7) Sat. (8) Sun.

(1) Sometimes (2) Always

18. If YES Monday: At what time on Monday doe your chest
feel tight or your breathing difficult?

- ☐ Before entering mill
☐ After entering mill

(ASK ONLY IF NOT TO QUESTION 15)

19. In the past, has your chest ever been tight or your breathing
difficult on any particular day of the week?

- 1 ☐ Yes 2 ☐ No

If 'Yes' Which day? Mon. (3) Tues. (4) Wed. (5) Thur. (6) Fri. (7) Sat. (8) Sun.

(1) Sometimes (2) Always

WAC 296-62-14537 (Cont.)

21. If disabled from walking by any condition other than heart or lung disease put "X" in the space and leave questions (20-30) unasked.

☐

22. Are you ever troubled by shortness of breath, when hurrying on the level or walking up slight hill?

1 ☐ Yes

2 ☐ No

If NO, grade is 1. If YES, proceed to next question.

23. Do you get short of breath walking with other people at an ordinary pace on the level?

1 ☐ Yes

2. ☐ No

If NO, grade is 2. If YES, proceed to next question.

24. Do you have to stop for breath when walking at your own pace on the level?

1. ☐ Yes

2. ☐ No

If NO, grade is 3. If YES, proceed to next question.

25. Are you short of breath on washing or dressing?

1. ☐ Yes

2. ☐ No

If NO, grade is 4. If YES, grade is 5.

26.

Dyspnea Grd. _____

ON MONDAYS

27. Are you ever troubled by shortness of breath, when hurrying on the level or walking up a slight hill?

1. ☐ Yes

2. ☐ No

If NO, grade is 1. If YES, proceed to next question.

28. Do you get short of breath walking with other people at an ordinary pace on the level?

1. ☐ Yes

2. ☐ No

If NO, grade is 2. If YES, proceed to next question.

29. Do you have to stop for breath when walking at your own pace on the level?

1. ☐ Yes

2. ☐ No

If NO, grade is 3. If YES, proceed to next question.

30. Are you short of breath on washing or dressing?

1. ☐ Yes

2. ☐ No

If NO, grade is 4. If YES, grade is 5.

31.

B. Grd. _____

OTHER ILLNESSES AND ALLERGY HISTORY

32. Do you have a heart condition for which you are under a doctor's care?

1. ☐ Yes 2. ☐ No

33. Have you ever had asthma?

1. ☐ Yes 2. ☐ No

If yes, did it begin:

(1) Before age 30 ☐

(2) After age 30 ☐

34. If yes before 30: did you have asthma before ever going to work in a textile mill?

1. ☐ Yes 2. ☐ No

35. Have you ever had hay fever or other allergies (other than above)?

1. ☐ Yes 2. ☐ No

36. Do you smoke:

Record Yes if regular smoker up to one month ago. (Cigarettes, cigar or pipe).

1. ☐ Yes 2. ☐ No

If NO to (33).

37. Have you ever smoked? (Cigarettes, cigars, pipe. Record NO if subject has never smoked as much as one cigarette a day, or 1 oz. of tobacco a month, for as long as one year.)

1. ☐ Yes 2. ☐ No

If Yes to (33) or (34): what have you smoked for how many years?
(Write in specific number of years in the appropriate square)

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Years	(<5)	(5 – 9)	(10 – 14)	(15 – 19)	(20 – 24)	(25 – 29)	(30 – 34)	(35 – 39)	(>40)
38. Cigarettes									
39. Pipe									
40. Cigars									

41. If cigarettes, how many packs per day?

(Write in number of cigarettes)

- ☐ less than 1/2 pack
- ☐ 1/2 pack, but less than 1 pack (3)
- ☐ 1 pack, but less than 1-1/2 packs
- ☐ 1-1/2 packs or more

42. Number of pack years: _____

43. If an ex smoker (cigarettes, cigar or pipe), how long since you stopped? Write in number of years.)

- _____
- ☐ 0-1 year ☐ 1-4 years
- ☐ 5-9 years ☐ 10+ years

OCCUPATIONAL HISTORY

Have you ever worked in:

44. A foundry? (As long as one year)

1. ☐ Yes

2. ☐ No

45. Stone or mineral mining, quarrying or processing?

(As long as one year)

1. ☐ Yes

2. ☐ No

46. Asbestos milling or processing? (Ever)

1. ☐ Yes

2. ☐ No

47. Cotton or cotton blend mill? (For controls only)

1. ☐ Yes

2. ☐ No

48. Other dusts, fumes or smoke: If yes, specify.

1. ☐ Yes

2. ☐ No

Type of exposure_____

Length of exposure_____

APPENDIX B-III Abbreviated Respiratory Questionnaire.

A. IDENTIFICATION DATA

Plant _____ Social Security
 No. _____

Day _____ Month _____ Year _____
 (figures) (last 2
 digits)

Name _____ Date of
 Interview _____
 (Surname) _____ Date of
 Birth _____
 (First Names) _____ M _____ F _____

Address _____ Age _____ (8, 9) Sex _____
 (10)

_____ Race

W	N	IND.	OTHER
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(11)

Interviewer: 1 2 3 4 5 6 7 8 (12)

Work Shift: 1st _____ 2nd _____ 3rd _____ (13) Standing Height _____ (14,
 15)

Present Work Area _____ Weight _____ (16,
 18)

If working in more than one specified work area, x area where most of the work shift is spent. If “other,” but spending 25% of the work shift in one of the specified work areas, classify in that work area. If carding department employee, check area within that department where most of the work shift is being spent (if in doubt, check “throughout”). For work areas such as spinning and weaving where many work rooms may be involved, be sure to sure to check the specific work room to which the employee is assigned – if he works in more than one work room within a department classify as 7 (all) for that department.

	Workroom Number	(19) Open	(20) Pick	Area	(21) Card #1	(22) #2	(23) Spin	(24) Wind	(25) Twist	(26) Spool	(27) Warp	(28) Slash	(29) Weave	(30) Other
At Risk (cotton & cotton blend)	1			Cards										
	2			Draw										
	3			Comb										
	4			Rove										
	5			Thru Out										
	6													
	7 (all)													
Control (synthe- tic & Wool Ex-worker (cotton)	8													
	9													

WAC 296-62-14537 (Cont.)

Use actual wording of each question. Put X in appropriate square after each question. When in doubt record 'No'. When no square, circle appropriate answer.

B. COUGH

(on getting up) *

Do you usually cough first thing in the morning? _____ Yes _____ No _____ (31)

(Count a cough with first smoke or on "first going out of doors."
exclude clearing throat or a single cough.)

Do you usually cough during the day or at night? _____ Yes _____ No _____ (32)

(Ignore an occasional cough.)

If 'Yes' to either question (31, 32):

Do you cough like this on most days for as much as three months a year? _____ Yes _____ No _____ (33)

Do you cough on any particular day of the week? _____ Yes _____ No _____ (34)

If 'Yes': Which day? (1) Mon. (2) Tues. (3) Wed. (4) Thur. (5) Fri. (6) Sat. (7) Sun.

(35)

C. PHLEGM or alternative word to suit local custom.

(on getting up)*

Do you usually bring up any phlegm from your chest first thing in the morning? (Count phlegm with the first smoke or on "first going out of doors." Exclude phlegm from the nose. Count swallowed phlegm.) _____ Yes _____ No _____ (36)

Do you usually bring up any phlegm from your chest during the day or at night? (Accept twice or more.) _____ Yes _____ No _____ (37)

If 'Yes' to either question ((36) or (37):

Do you bring up phlegm like this on most days for as much as three months each year? _____ Yes _____ No _____ (38)

If 'Yes' to question (33) or (38):

(cough)

How long have you had this phlegm?

(Write in number of years)

(1) ☐ 2 years or less

(2) ☐ More than 2 years – 9 years

(3) ☐ 10 – 19 years

(4) ☐ 20+ years

*These words are for subjects who work at night.

D. TIGHTNESS

Does your chest ever feel tight or your breathing become difficult? _____ Yes _____ No _____ (39)

Is your chest tight or your breathing difficult on any particular day of the week? (After a week or 10 days away from the mill) _____ Yes _____ No _____ (40)

If 'Yes' Which day? Mon. (3) Tues. (4) Wed. (5) Thur. (6) Fri. (7) Sat. (8) Sun.

(1) Sometimes (2) Always

If 'Yes' Monday, At what time on Monday does your chest

1. ☐ Before entering the mill (42)

tight or your breathing difficult?

2. ☐ After entering the mill

(Ask only if No to Question (45))

WAC 296-62-14537 (Cont.)

In the past, has your chest ever been tight or your breathing
difficult on any particular day of the week? _____ Yes _____ No _____ (43)

If 'Yes' Which day?	Mon.	(3) Tues.	(4) Wed.	(5) Thur.	(6) Fri.	(7) Sat.	(8) Sun.
	(1) Sometimes	(2) Always					

E. TOBACCO SMOKING

***Have you changed your smoking habits since last interview?**

If yes, specify what changes.

[Statutory Authority: Chapter 49.17 RCW. 87-24-051 (Order 87-24), 296-62-14537, filed 11/30/87.]